

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Toxicology Analysis Report is needed for follow-up research material.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other see below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Toxicology Analysis Report
DPH/DCS(4)-96
(12 month accumulation less than
one cubic foot)

each
Cut-off file at the end of the
calendar year; then transfer to the
State Records Center; hold 5 years,
then destroy.

~~Test Results~~

On January 1, 1974 and every
two months thereafter cut off
the file; then hold in current
files area two months; then transfer
to State Records Center; hold one
year; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Lawrence L. Reynolds Jr.</i>	5-26-76	<i>William J. McDermott</i> DHR RM	5-26-76

State Records Committee (Signature)	Date
State Auditor/Designee <i>[Signature]</i>	6-10-76
Secretary of State/Designee <i>[Signature]</i>	6-9-76
Attorney General/Designee <i>[Signature]</i>	6/15/76

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
1

1. Application Date March 26, 1974		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received: APR - 5 1974 Application No.: 74-114 Date Completed: APR 15 1974			
2. Agency Application No. DHR-DPH-23		3. Agency Name, Supervisor's & Administering Office Address Dept. of Human Resources Division of Physical Health Drug Abuse Testing Laboratory 47 Trinity Avenue, S. W. Rm. 6 H Atlanta Georgia 30334		4. Person to Contact Miles Schwartz			
5. Worker Title Drug. Lab. Supv.		6. Tel. No. 656-4850					
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED							
8. Earliest & Latest Dates of Series Jan. 1974 - present		9. Exact Series Title DRUG ABUSE PATIENT TEST REPORT FILES					
10. What is the function of the office in which this record series is created? The Division of Physical Health, headed by the Director is responsible for the administration, direction and coordination of Physical Health Programs in the State, such as: the establishment of health standards for businesses, housing, field operations, and hospitals throughout the State; the improvement of the physical and dental health of the residents of the State; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities. The Laboratory Unit, under the direction of Chief, is responsible for performing bacteriological, chemical, and immunological tests for diseases or abnormalities on a variety of specimens (primarily from humans) received from throughout the state. It is also responsible for the evaluation, improvement and licensure of other laboratories in the state. The Unit accomplishes these goals by the testing of specimens thru the activities of the Diagnostic Service Laboratories, and formulates policies and standards of performance for the evaluation, training and licensure of clinical laboratories.							
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the results of laboratory tests conducted to determine the presence or absence of a variety of abuse drugs (such as: opiates, alkaloids, barbiturates, amphetamines and hypnotics) in human body fluids of patients who are voluntarily participating in programs intended to terminate the individuals use of abusive drugs. Included are the Toxicology Analysis Report (DPH/DCS [4]-96) which includes Patient's name and identification number, participating treatment center and its identification number, laboratory control number and the positive or negative test results for a particular abuse drug. Also included are the actual test results registered on chromatographic chart paper which may show the presence of drugs in the patient's body fluids (urine, blood, tissue). File is arranged chronologically by date of testing; thereunder by patient's name and identification number. ATTACH SAMPLES OF THE FILE							
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION		No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers		3	4.5			6	9
Legal-size File Drawers				Floor Space Occupied (Square Feet)		In Office(s)	In Storage Area(s)
						X 7	
				AVERAGE DAILY REFERENCES		This Year's	Last Year's
						10	1
						0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series? YES ☒ [X] []
14. Is there a duplication of this series in another office or agency? [] [X]
Test results ^{only} are sent to Drug Treatment Center and become a part of Patient's medical record
15. Is the information contained in this series ever summarized or published? [] [X]
Attach copy of summary or publication. *are usually not government.*
16. Does the series contain classified information requiring security handling? [X] []
Confidential Medical Record-Ga. Health Code; Laboratory Licensure Law Section d, 4-P
17. Does the series initiate, amend or terminate agency policies and procedures? [] [X]
18. Could the function be performed if the files were lost or destroyed? [X] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [] [X]
20. Does the record series provide data as input to an EDP file? [] [X]
21. Does the record series contain documentation produced as EDP printout? [] [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? [] [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? [] [X]

24. REQUIREMENTS. The following requires the files to be kept 14 MONTHS

a. ☒ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)
Legal authority given in Georgia Laws 1970, Licensure of Clinical Laboratories, p. 531, et seq., requires a twelve month retention. It has been our experience that the most frequent reference to the reports takes place within 14 months of the original test.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER see below, then:

- ☐ Hold in the current files area month(s)/ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☒ Other: (Specify) On January 1, 1974 and every two months thereafter cut off the file; then hold in current files area two months; then transfer to State Records Center; hold one year; then destroy.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William G. Lee</i>	<i>Apr 4 '74</i>	<i>Miller Schwartz</i>	<i>4-4-74</i>
26. Recommendations Agency Head/Designee in paragraph 25 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<i>William M. Dixon</i>	<i>4-11-74</i>
are: State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<i>Carroll T. Hunt</i>	<i>4-10-74</i>
STATE RECORDS COMMITTEE Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<i>R. D. Sheep</i>	<i>4-12-74</i>
Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

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					X 7
					This Year's Last Year's Preceding Year's All Prior Years
				AVERAGE DAILY REFERENCES	10 1 0 0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

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Test results are sent to Drug Treatment Center and become a part of Patient's medical record
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(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William C. Cees</i>	<i>Apr 4 '74</i>	<i>Miller Schwartz</i>	<i>4-4-74</i>
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Dixon</i>	<i>4-11-74</i>
STATE RECORDS COMMITTEE	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll T. Hart</i>	<i>4-10-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>R. R. Stuep</i>	<i>4-12-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		